MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

ABU	ELITO CHEESE	2722	20056	
1.	Month of $9/08$			
2.	Is Outlet # (8 digit) Correct?	Y	N	N/A
3.	Is average Total flow-gal.day stated in space provided?	\mathbf{Y}	N	N/A
4.	Is max. Total flow-gal day stated in space provided?	Y	N	N/A
5.	Is method used to calculate water stated?	\mathbf{Y}	N	N/A
6.	Are number of working days stated?	\mathbf{Y}	N	N/A
7.	Are there any parameters which have exceeded PVSC Local Limits?	Y	N	N/A
8.	Is proper compliance/non-compliance statement provided?	Y	N	N/A
9.	Have correct number of samples been submitted?	Y	N	N/A
10.	Has PHC result been listed on MR-1 report?	Y	N	N/A
11.	Has sample number been reported in space provided?	\mathbf{Y}	N	N/A
12.	Have all regulated parameters been listed on MR-1?	Y	N	N/A
13.	Has sample type been stated on MR-1?	Y	N	N/A
14.	Have all samples been taken during this reporting period?	Y	N	N/A
15.	Has NJDEPE certified lab been used?	Y	N	N/A
16.	Have analytical results been submitted on copies of Laboratory stationery?	Y	N	N/A
17.	Have results been written in space designated on MR-1?	Y	N	N/A
18.	Is correct method used to preserve samples stated on MR-1?	Y	N	N/A
19.	Has MR-1 been signed by authorized representative?	\mathbf{Y}	N	N/A
21.	Has information been submitted on proper MR-1 form?	Y	N	N/A

MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

First Reviewer: comments of	n deficiencies	
-		
Date Reviewed Mark	_Date sent to user	
Second review comments on	deficiencies	
Date Reviewed	Date sent to user	
Date due back	Reviewer	
Date	Reviewer	



PRETREATMENT MONITORING REPORT

* ***	IKS	REMINIETY MOTHE	ORGI (O TELLE O	عدد		
NAME: Abuelito	Cheese				OCT 2 1	2000
					001 2 !	LUM
MAILING ADDRESS:	607-609 Main Street Paterson N	.J.				
FACILITY LOCATIO	N: 607-609 Main Street Paterson I	N.J.				
CATEGORY & SUBP	ART:		OUT	LET #: <u>1</u>		
CONTACT OFFICIAL	.: Carol Paiz	•	TELI	EPHONE: <u>9</u>	73-345-3503	
NEW CUSTOMER ID	/ OUTLET ID:2 <u>7220056-1</u>	OLD OUTLET	DESIGNATIO	N:		
MONITOR Start	RING PERIOD End		Average		Maximum	
09 01 08	09 30 08	Regulated Flow-gal/day Total Flow-gal/day		9716		
MO DAY YR	MO DAY YR					
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		7 40 divided by	22 days		
\ <u>-</u>	meter reading less beginning mete 47 x 7.48x.95 divided by 22 Days		7.48 divided by	22 days		
	47 x 7.46x.73 divided by 22 Days	•				
DADAMETER		MASSOT	R CONCENTRA	TION	# OF	SAMPLE TYPE
PARAMETER	1 9-11		MAXIMUM	UNITS	SAMPLES	COMP/GRAB
Cd	Sample Measurement	<0.001	THE DESIGNATION	Mg/l	1	Comp
	Permit Requirement	0.19		Mg/l		1

ARAMETER			MASS OR CONCENTRATION			SAMPLE TYPE
	9-11	MON AVG	MAXIMUM	UNITS	SAMPLES	COMP/GRAB
Cd	Sample Measurement	< 0.001		Mg/l	1	Comp
	Permit Requirement	0.19		Mg/l		
Cu	Sample Measurement	0.040		Mg/l	1	Comp
	Permit Requirement	3.02		Mg/l		
Pb	Sample Measurement	< 0.002		Mg/l	11	Comp
	Permit Requirement	0.54		Mg/l		
Hg	Sample Measurement	< 0.0005		Mg/l	1	Comp
	Permit Requirement	0.080		Mg/l		
Ni	Sample Measurement	0.00654		Mg/l	1	Comp
	Permit Requirement	5.9		Mg/l		
Zn	Sample Measurement	0.130		Mg/l	1	Comp
	Permit Requirement	1.67		Mg/l		
	Sample Measurement			Mg/l	1	Grab
	Permit Requirement			Mg/l		
	Sample Measurement	6031-12		Mg/l	1	Grab
	Permit Requirement		7,77,55	Mg/l		
	Sample Measurement		Arcap /			
	Permit Requirement //		(0)			
	Sample Measurement		620			
	Permit Requirement		18		2031-7	
	Sample Measurement	1ª input	100	200	3031 - 723	
	Permit Requirement	Industrial De	d 23/	/30	VI 4	351\
	Sample Measurement	/c ² /2 .	. 20	/%'	X ·	S. /
	Permit Requirement	6 0 01 81 L		150	b	1 60 \ /
	Sample Measurement	FOLRIT		18	7.C' 22	0 /
	Permit Requirement			120 1/2	2m/2008	15 /
	Sample Measurement			153 000	Str. 1947	
	Permit Requirement			777232425265	V Dejoja	
	Sample Measurement			(EO)>	51.81.71.31.31.41.	
	Permit Requirement			1	91119131	1

Production Rate (if applicable)

PRETREATMENT MONITORING REPORT

Certification of Non-Use if applicable (use additional s	sheets):	0C	T 2 1 2008
Compliance or non compliance statement with complia	nce schedule (use additional sheets if n	ecessary) for every	
parameter used: El Abuelito is in compliance with t	he rules and regulations of PVSC		
		·	
Explain Method for preserving samples: Metals sam	ples taken in glass containers and prese	erved with nitric acid to a	ph of less than 2
No te: no changes made to the plot plan for this facility			
a system designed to assure that qualified person person or persons who manage the system, or thos to the best of my knowledge and belief, true, acc information, including the possibility of fine and in	se persons directly responsible for gat curate and complete. I am aware tha	hering the information,	the information submitted is,
403.6(a)(2)(ii) revised by 53 FR 40610, October	r 17, 1988		
	Onal Paix		
	Signature of Principal Executive or Authorized Agent		
	Executive of Authorized Agent		
	Carol Paiz		
	General Manager		
	Type Name and Title		
	10/17/08		
	Dota		

PVSC FORM MR-I REV: 4 6/87 P I

Abuelito Cheese Process Water Meter Reading

09/01/08 starting water meter reading 494535 cu/ft 09/30/08 ending meter reading 521882 cu/ft 521882 494535 cu/ft 27347 cu/ft

27347cu/ft x 7.48=204555 x.95=194327 total gallons for the month of September 194327 divided by 22 days= 8833 gallons per day



ANALYTICAL DATA REPORT

for **Abuelito Cheese** 607 Main Street Paterson, NJ 07503

Project Name: PVSC MONITORING Lab Case Number: E08-10507

MDL = METHOD	DETECTION LIMI	Τ				
			Metal	ls		
Lab ID: 105	507-001					Date Sampled: 9/11/2008
Client ID: 0	1					Time Sampled: NA
Matrix-Unit	ts: Aqueous-mg/L					Date Analyzed: 9/12/08
Percent Mo	isture: 100					
	Parameter			Result	Q	MDL
	Cadmium			ND		0.001
	Copper			0.040		0.008
	Lead			ND		0.002
	Mercury			ND		0.0005
	Nickel			0.00654		0.004
	Zinc			0.130		0.008
		(General An	alytical		
Lab ID: 105	507-001					Date Sampled: 9/11/2008
Client ID: 0	1					Time Sampled: NA
Percent Mo	isture: 100					
Parameter		Result	MDL	Matrix-Units		Date Analyzed
Biochemica	l Oxygen Demand	19400	2.00	Aqueous-mg/L		9/12/2008 8:00
Total Suspe	ended Solids	3360	83.3	Aqueous-mg/L		9/17/2008 13:00
- -						

ND = Analyzed for but Not Detected at the MDL

These data have been reviewed and accepted by:

Michael H. Leftin, Ph.D. Laboratory Director

273 Franklin Road Randolph, NJ 07869 Phone: 973 361 4252 Fax: 973 989 5288



INTEGRATED ANALYTICAL LABORATORIES CHAIN OF CUSTODY

Phone # (973) 361-4252

Fax # (973) 989-5288

Randolph, NJ 07869

273 Franklin Rd

GUARANTEED WITHOUT LAB APPROVAL, RUSH SURCHARGES WILL APPLY IF ABLE Report Format DISKETTE DISK/CD REC lab approved custom EDD .wkl format .dbf format **PRESERVATIVES** Other # BOTTLES & Lab notification is required for RUSH TAT prior to sample arrival. RUSH TAT IS NOT MDL Req: GWQS - SCC - OTHER (SEE COMMENTS) HO9W Cooler Temp Other (describe) #OS7H Results Only Regulatory Reduced EONH HOEN PAGE: HCI Rush TAT Charge ** Turnaround Time (starts the following day if samples rec'd at lab > 5PM) 72 hr - 50%.... 96 hr - 35%.... 5 day - 25%.... 24 hr - 100%... 48 hr - 75%.... 6-9 day 10% ANALYTICAL PARAMETERS 10501 Results needed by: Lab Case # Comments: Med LOW 72 hr* 1 wk* NA 3 wk/Std 2 wk/Std × BS M S S S **FO ACCOMMODATE**** Conc. Expected: CD 72 hr Please print legibly and fill out completely. Samples cannot be processed and the turnaroughd time will not start until any BOD × TSS Conditional TPHC 48 hr 48 hr* wk* call for price Verbal/Fax Hard Copy 24 hr* 24 hr* IAL# HANOVER CONTROLS East Hanover, NJ 07936 7 DW - Drinking Water AQ - Aqueous WW - Waste Water REPORT TO: HANOVER CONTROLS 11 Windsor Way Matrix REPORTING INFO East Hanover, NJ 07936 OI - Oil LIQ - Liquid (Specify) OT - Other (Specify) WW John Ceresnak Sample Matrix Received by: Received by: Received by: Received by: S-Soil SL-Sludge SOL-Solid W-Wipe 18:32 Received 11 Windsor W: John Ceresnak E-Mail Time INVOICE TO: 11-Sep Address: Date Address: FAX# Attn: Attn: **PO#** Depth NA Project Name: PVSC MONITORING CUSTOMER INFO Sampler: HANOVER CONTROLS Describe: 01- WASTEWATER COMPOSITE ambiguities have been resolved. Signature/Company PATERSON, NJ 07503 SAMPLE INFORMATION Company: Abuelito Cheese 1 Project Location (State): Known Hazard: Yes or No Address: 607 Main ST. Project Manager: Bottle Order #: elephone #: Relinquished by: linquished by: linquished by: Relinquished by Client ID linquished by Quote #: Fax #: